



Metro North
Hospital and Health Service
The Prince Charles Hospital

Rehabilitation Day Therapy Unit (RDTU) Referral

(Affix patient identification label here)

URN:

Family Name:

Given Names:

Address:

Date of Birth:

Sex: ☐ M ☐ F ☐ I

Referrer's name:

Referring location/ward:

Referrer's contact no:

*Provider number:

***Note:** Referrals accepted from therapist to therapist; *medical practitioners may refer for a medical specialist consult and/or – allied health input (per Queensland Health policy).

Consent from the patient/carer obtained? ☐ Yes

Patients are required to have their own transport arranged to attend scheduled RDTU assessments and appointments.

MANDATORY – Please attach: ☐ Discharge summary/letter; and/or
☐ Allied Health Summary

Primary diagnosis:

Co-morbidities:

Detailed reason for referral to RDTU:

☐ Medical ☐ Speech Pathology ☐ Physiotherapy ☐ Occupational Therapy ☐ Social Work

Specific services:

☐ Lee Silverman Voice Treatment (LSVT LOUD) ☐ Falls Prevention Services
☐ Balance Class ☐ Hypertonicity Management ☐ Communication Groups

REFERRAL SUBMISSION: Metro North Hospital & Health Services

Central Patient Intake (CPI) Fax: **1300 364 952**, or call **3139 4798** if any queries.

NOTE: Referrals sent directly to the unit will not be accepted.

DO NOT WRITE IN THIS BINDING MARGIN

v1.00 - 06/2019



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RDTU REFERRAL